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The Effect of Teenage Pregnancies on the Health and Socio-Economic Lives of Teenage Mothers Attending Antenatal Care at Kiryandongo Hospital, Kiryandongo District, Uganda

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ABSTRACT

This study examines the complex impacts of adolescent pregnancies on the socioeconomic status and general health of adolescent mothers receiving antenatal care at Kiryandongo Hospital in Kiryandongo District, Uganda. Uganda is not an exception to the global public health challenge that teenage pregnancy poses, especially in sub-Saharan Africa. The implications for the moms and their children continue to exist despite efforts to address this issue, which presents obstacles to their general well-being and the advancement of society. A mixed-methods approach was used to gather data from a sample of young mothers receiving prenatal care at Kiryandongo Hospital. The data collection methods included quantitative surveys and qualitative interviews. While the qualitative component examined the socioeconomic ramifications and real-world experiences of teenage pregnancy, the quantitative component comprised gathering demographic data and evaluating maternal and child health indices. According to preliminary research, teenage pregnancies significantly worsen the health of expectant mothers and their newborns, as there is a higher chance of difficulties during pregnancy and labour. Adolescent moms also confront additional difficulties that impede their ability to grow personally and gain economic empowerment, such as limited access to education, job possibilities, and financial resources. This study emphasises how urgently Kiryandongo District young moms need support and extensive initiatives aimed at preventing teenage pregnancies. Policymakers and healthcare providers can create specialised programmes to lessen the negative impacts of teenage pregnancies, improve maternal and child health, and enable young mothers to attain better life outcomes by tackling the intersecting health and socioeconomic determinants.

Keywords: Teenage pregnancies, socioeconomic status, general health, antenatal care and Kiryandongo Hospital

INTRODUCTION

In many parts of Africa, motherhood is seen as an essential role, with family and social life oriented towards children with an early onset of childbearing and large families preferred [1]. In many African societies, motherhood is central to the social and cultural system. Motherhood is an important part of many women's lives, particularly in societies where traditional gender roles persist. Motherhood and childbearing among Sub-Saharan African women are regarded as normal duties within a woman's life. From an early age, there is a positive orientation towards motherhood [2, 3]. This study is built on the intersectionality theory, which recognizes the multiple intersections in a woman's life, including race, gender, skin tone, accent, education level, migration status, language, and other life situations. Intersectionality theory considers the multiple dimensions within which teenagers exist, including gender, age, developmental stage, socioeconomic status, ethnicity, religion, sexual orientation, educational attainment, language, and many other categories that play and/or influence the individual's life situation [4]. For Sub-Saharan African women, culture, marriage, and childbearing remain important. Marriage and childbearing almost always define a woman's position within the family and her community. To understand the position and the experiences of the teenage mothers in this study, their cultural heritage, the community associations, and the lives or journeys they have experienced should be considered. Teenage motherhood occurs at a critical developmental stage of teenagers‟ lives and has been identified as having adverse social and health consequences [5, 6]. Adolescent pregnancy is a global phenomenon with clearly known causes and serious health, social, and economic consequences. Globally, adolescent pregnancies are more likely to occur in marginalized communities, commonly driven

by poverty and a lack of education and employment opportunities. Most adolescent pregnancies occur in developing countries, and teenagers living in socio-economically disadvantaged settings in developed countries are at higher risk of teenage pregnancy as compared to the broader population. Teenage pregnancy is a socio-economic challenge and an important public health problem for communities in Africa [7]. When a girl becomes pregnant, her life changes dramatically. She will likely drop out of school, which means her future employment prospects will also diminish, making her more vulnerable to poverty, exclusion, and illness [8]. According to the World Health Organization, adolescents aged 15–19 in low- and middle-income countries had an estimated 21 million pregnancies each year, of which 50% were unintended and resulted in an estimated 12 million births. Data on childbirths among girls aged 10–14 years is not widely available. The largest number of adolescent births among 15- to 19-year-olds in 2021 occurred in sub-Saharan Africa [9–11]. Uganda has one of the highest Adolescent pregnancy rates in sub-Saharan Africa: almost a quarter (one in four, or 25%) of Ugandan women have given birth by the age of 18. Close to half are married before their 18th birthday and continue giving babies into their mid-40s [12]. In Kiryandongo District, the teenage pregnancy rate was 38% higher than that of the country at 25%, with a fertility rate of 8 [13]. According to the Ministry of Health, out of every 10 teenage mothers who delivered at health facilities, at least 6 were teenagers under the age of 18. These teenage mothers often have complicated births and abortions, requiring emergency obstetric care [13, 14]. Uganda has one of the world's highest maternal mortality rates, with 18 mothers dying every day during pregnancy or during and after childbirth. The traditional practice of child marriage and female genital mutilation and cutting (FGM/C) also persists in many communities. Recently, Uganda was ranked as one of the countries in sub-Saharan Africa with the highest rate of teenage pregnancies [15]. Higher rates of teenage pregnancies were registered during lockdowns that were imposed due to the COVID-19 pandemic. A recent survey by Twaweza, an NGO that promotes education countrywide, said at least 80% of Ugandans are worried about teenage pregnancy at epidemic proportions during the ongoing COVID-19 pandemic. Dr Richard Mugahi, an assistant commissioner of reproductive and infant health at the Health Ministry, also described teenage pregnancies as a big challenge [16].

Teenage pregnancy is a common public health problem worldwide, affecting mostly developing countries. According to the World Health Organization (WHO), adolescents aged 15–19 in low and middle-income countries had an estimated 21 million pregnancies each year, of which 50% were unintended and resulted in an estimated 12 million births. Uganda has one of the highest teenage pregnancies in the world, where almost a quarter (one in four, or 25%) of Ugandan women have given birth by the age of 18 [17, 18]. Teenage pregnancy is a socio-economic challenge and an important public health problem for communities in Africa [19]. When a girl becomes pregnant, her life changes dramatically. She will likely drop out of school, which means her future employment prospects will also diminish, making her more vulnerable to poverty, exclusion, and illness. A growing body of research has questioned the evidence that teenage childbearing largely has negative consequences for teen mothers and their babies and has highlighted the importance of understanding the views and experiences of teenage mothers. Therefore, this study sought to assess the effects of teenage pregnancies on the health and socio-economic lives of teenage mothers using a case study of teenage mothers attending antenatal care at Kiryandongo Hospital, Kiryandongo District. The study was designed to assess the effects of teenage pregnancies on the health and socio-economic lives of teenage mothers using a case study of teenage mothers attending antenatal care at Kiryandongo Hospital, Kiryandongo District.

METHODOLOGY

Study Design

The study used a survey research design, and both qualitative and quantitative data were collected. The survey design was preferred because the study aimed to collect the Respondents views and opinions about the subject under study.

Area of Study

The study was carried out at Kiryandongo General Hospital in Kiryandongo District, mid-western Uganda.

Study population

The population of the study consisted of pregnant teenagers attending antenatal care and teenage mothers attending postnatal care at Kiryandongo General Hospital. According to hospital records, there were over 22 pregnant teenagers attending antennal clinics and 18 teenage mothers as of March 20, 2022. Therefore, the population of the study was 40 teenage mothers.

Inclusion Criteria

Only pregnant teenagers under the age of 18 were included in the study population. The population also included teenage mothers who gave birth before and at the age of 18 years.

Exclusion Criteria

All pregnant mothers above the age of 18 were excluded from the study population. Other mothers who attended postnatal but gave birth at the age of 18 were also excluded. And lastly, some mothers were excluded from the study because they did not consent to participate in it.

Sample Size Determination

The sample size was determined using the Krejcie and Morgan table [20]. The Krejcie and Morgan table was used to determine the sample size of this study since it was easy to understand, use, and reference. According to the Morgan table, all 22 pregnant teenagers were included in the study, while 18 teenage mothers were also included in the study. This is because, according to the Krejcie and Morgan table, the population is small, and therefore, the whole target population of 40 teenage mothers attending antenatal care at Kiryandongo General Hospital was included in the sample. Therefore, the sample size of the study was 40 respondents.

Sampling Procedure

The respondents were selected using the purposive sampling technique, whereby all teenage mothers attending antenatal care at Kiryandongo General Hospital were given equal chances to participate in this study. All the pregnant teenagers and teenage mothers participated in this study. This was done to remove bias and ensure viability and significance at a confidence level of 95%.

Data Collection Methods and Management

Data was collected during individual interviews using an administered questionnaire. The questionnaire was pre-tested before actual data collection. The administered questionnaires were the main instrument used in the study. The questions were prepared in a logical sequence to address the research objectives, and they included open and closed ends to allow the respondents to give a wider view of their understanding of the study problem. Data was cleaned; questionnaires were checked for completeness immediately after being collected from the respondents, and any missing information was sought from the respondents. The responses to the questionnaires will later be coded, and ready for data entry on the computer for analysis. Both qualitative and quantitative data will be collected and analyzed to inform the study objectives.

Quality Control

During data collection, the questionnaires were translated into the local languages to make them more understood by the respondents who didn't understand English. Questionnaires were checked for completeness and pre-tested to ensure quality data was collected. To make a meaningful presentation of the data collected and to match it with the study objectives and research questions, the data was cleaned and edited to identify missing gaps, check for errors and omissions, spelling mistakes, and incomplete answers, and eliminate unwanted data by coding and classifying data with common characteristics. This was to ensure high-quality data was entered and analyzed to give reliable study findings.

Data Analysis

The data collected was cleaned, checked for completeness, coded, and then entered into the computer for analysis. The data was then edited and analyzed using the SPSS computer data analysis software, where a descriptive data analysis was conducted to come up with the study findings. The data was then summarized and presented using bar graphs, pie charts, and frequency tables according to the study objectives as presented in this report.

Ethical Consideration

To avoid cases of plagiarism in this study, I ensured all literature reviewed in this study was well referenced. Before data collection, I sought permission from the relevant hospital authorities and, as well, consent from individual respondents. Before proceeding with data collection, all respondents were briefed on the importance, objectives, and purpose of the study. I explained clearly that there were no incentives the respondents were going to receive for participation.

RESULTS

Study Respondent

A total of 40 respondents participated in this study (see Table 1 below).

Table 1: Show the Study Respondents

		Frequency	Percent	Cumulative Percent
Valid	Pregnant Teenagers	22	55	55
	Teenage Mothers	18	45	100
Total		**40**	**100**	

Source; Primary data

During the study, I interviewed a total of 40 respondents (100%) who made up the total sample size (table 1). This confirms the validity and reliability of the study findings.

Age Category of the Respondents

Another important demographic factor to study was the age category of the respondents. The study sought to find out the age category of the respondents to ensure that all the participants were teenagers. This is because the study targeted pregnant teenagers and teenage mothers. Table 2 below shows the age of the study respondents presented in the age brackets of 10–14, 15–18, and 19–24.

Table 2: Shows the Age of the Respondents

		Frequency	Per cent	Valid Percent	Cumulative Per cent
Valid	10-14	01	2.5	2.5	2.5
	15-18	35	87.5	87.5	90
	19-24	04	10	10	100
Total		**40**	**100.0**	**100.0**	

Source; Data collected

The study findings show that 35 (87.5%) of the respondents were aged between 15-18 years, 4 (10%) were aged between 19-24 years and these were teenage mothers who had given birth before the age of 18 and were currently attending antenatal services at the hospital, then 1(2.5%) was between 10-14years, this was the youngest pregnant teenager registered at the time of the study.

The education level of respondents

Education level of the respondents was also analysed to ensure the views of both educated and uneducated teenage mothers are captured in the findings of this study.

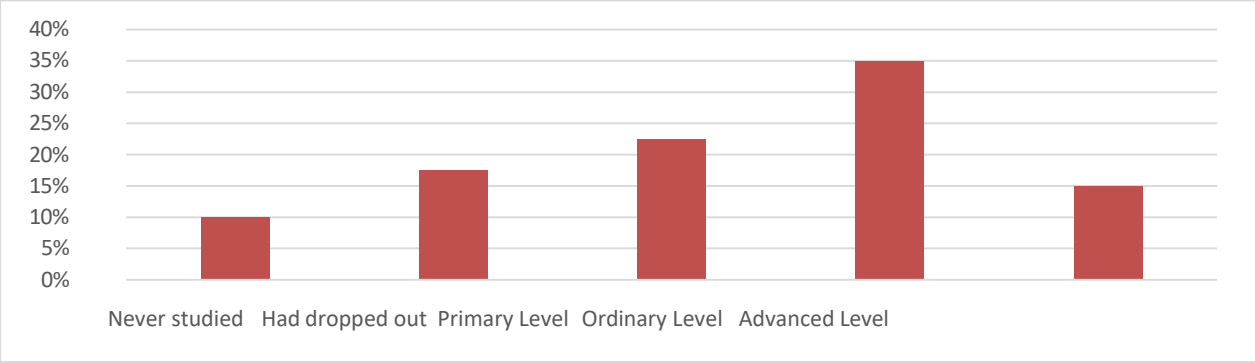

Figure 1: Showing the respondent's level of education when they conceived

According to the findings of the study, the majority of the respondents, 14 (35%), had completed an ordinary level of education, 9 (23%), had completed a primary level of education, 6 (15%) had completed an advanced level, 7 (18%) had dropped out of school, and 4 (10%) had never attended school by the time they conceived.

The Causes of Teenage Pregnancies in Kiryandongo District

The researcher sought to explore the different causes of teenage pregnancies in Kiryandongo District. This was done by asking the respondents to respond to some questions regarding the different causes of teenage pregnancies.

Whether early child marriage was the cause of teenage pregnancy in Kiryandongo District

The researcher sought to explore whether early child marriage was the cause of teenage pregnancies in Kiryandongo district. The responses of the respondents are reflected in Figure 2 below.

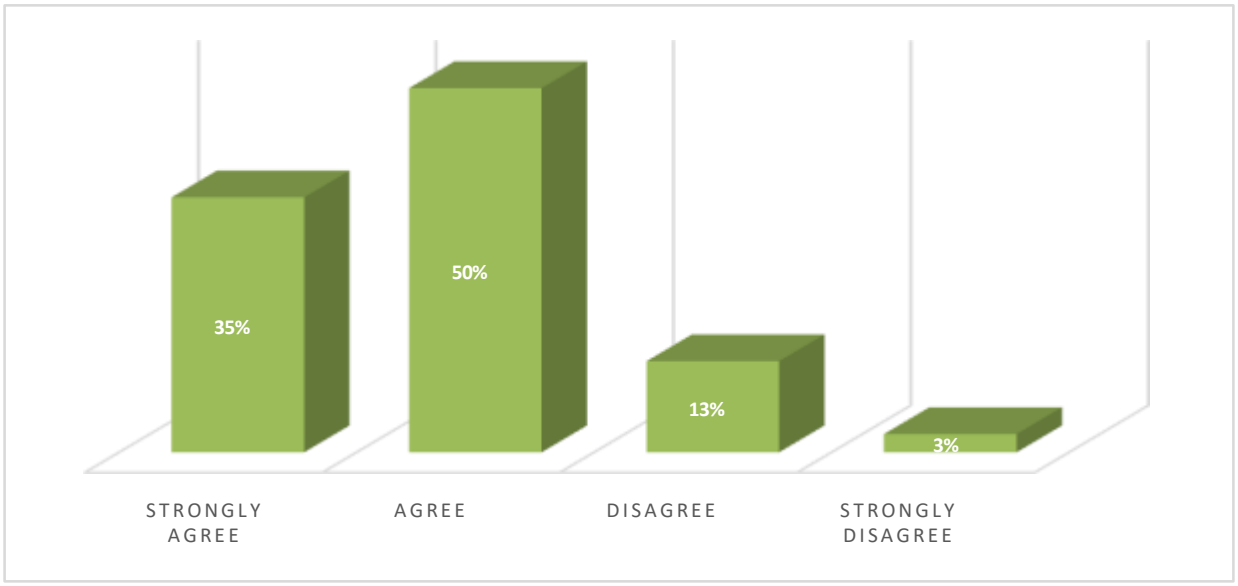

Figure 2: Showing whether early marriages was the cause of teenage pregnancies.

About 20 (50%) agreed that early marriages in Kiryandongo were the cause of early pregnancies among teenagers, 14 (35%), strongly agreed that early marriages in Kiryandongo were the cause of early pregnancies among teenagers, 5 (13%), disagreed that early marriages in Kiryandongo were the cause of early pregnancies among teenagers, and a minority of the respondents (1%) strongly disagreed that early marriages in Kiryandongo were the cause of early pregnancies among teenagers.

Whether sex abuse led to teenage pregnancy.

The researcher sought to find out from the respondents whether sex abuse was the cause of teenage pregnancies in Kiryandongo District. Figure 3 below shows the views of the respondents to this question.

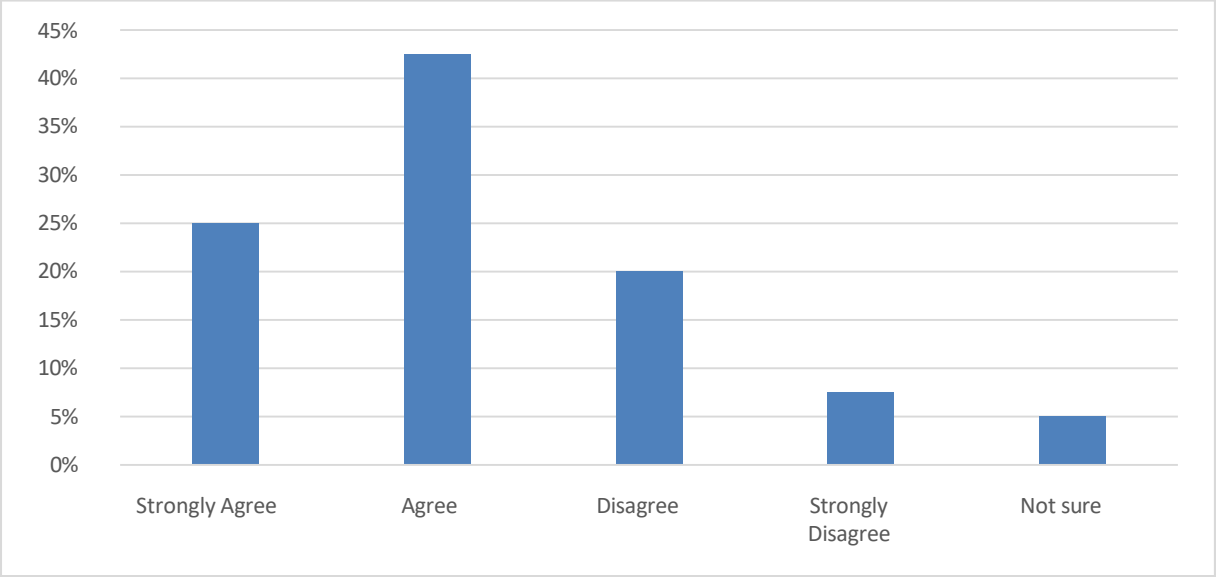

Figure 3: Showing whether sex abuse was the cause of teenage pregnancies

The majority of the respondents, 17 (43%), agreed that sex abuse was the cause of teenage pregnancies in Kiryandongo district; 10 (25%) also strongly agreed; 8 (20%) disagreed; and 3 (8%) strongly disagreed, while 2 (5%) were not sure whether sex abuse was the cause of teenage pregnancies in Kiryandongo district.

Whether lack of sex education leads to early pregnancy

The researcher sought to explore whether inadequate sex education leads to early pregnancy, and the different opinions of respondents are reflected in Figure 4 below.

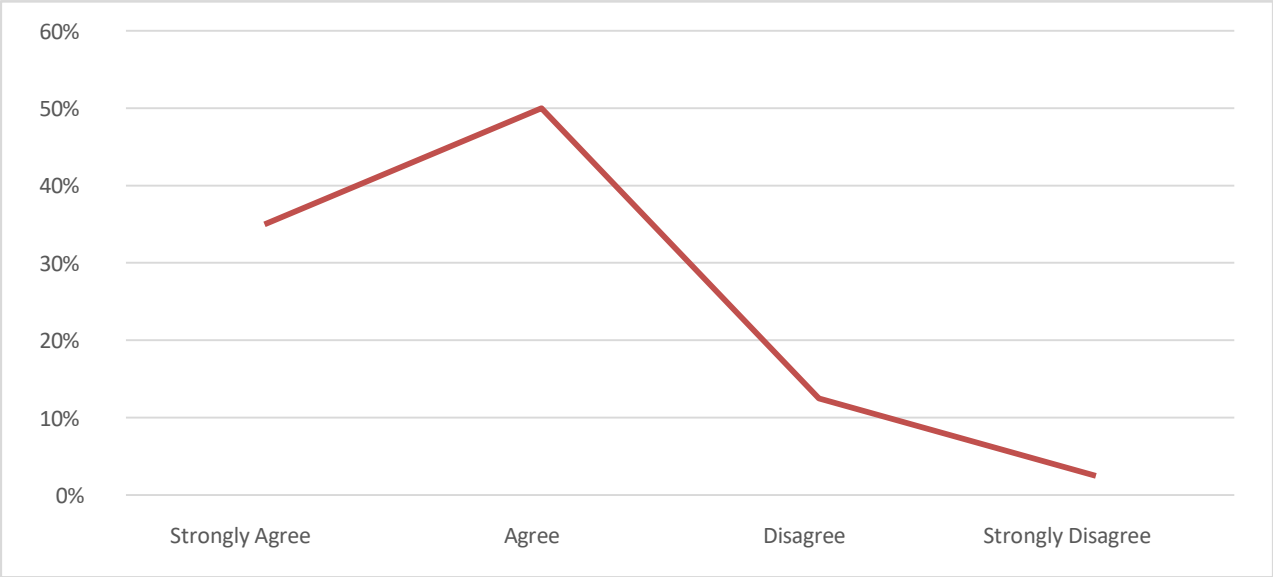

Figure 4: Showing whether inadequate sex education leads to early pregnancy.

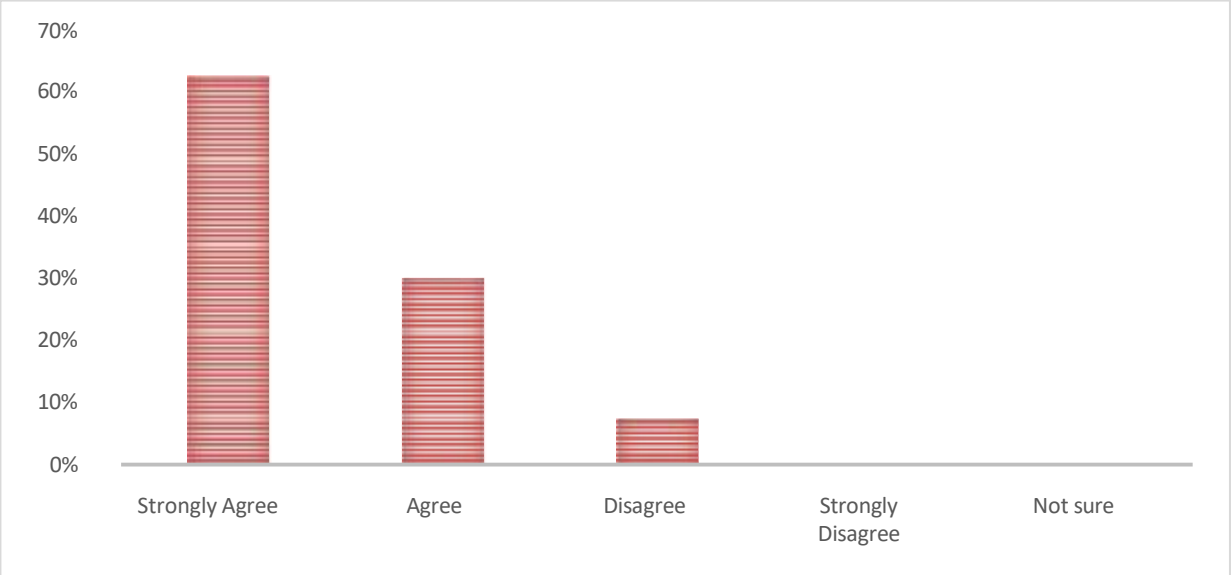

Figure 5: Showing whether Peer Pressure was the cause teenage Pregnancy

The majority of the respondents, 25 (63%), strongly agreed that peer pressure led to unprotected sex, hence early pregnancy; 12 (30%) agreed that peer pressure led to unprotected sex, hence early pregnancy; and 3 (8%) disagreed that peer pressure never led to early pregnancy.

Whether poverty in the household led to accepting material benefits in exchange for sex, thus early pregnancy

The researcher sought to find out whether poverty in the household leads to early pregnancy. This is because economic levels in the household have different effects on early pregnancy.

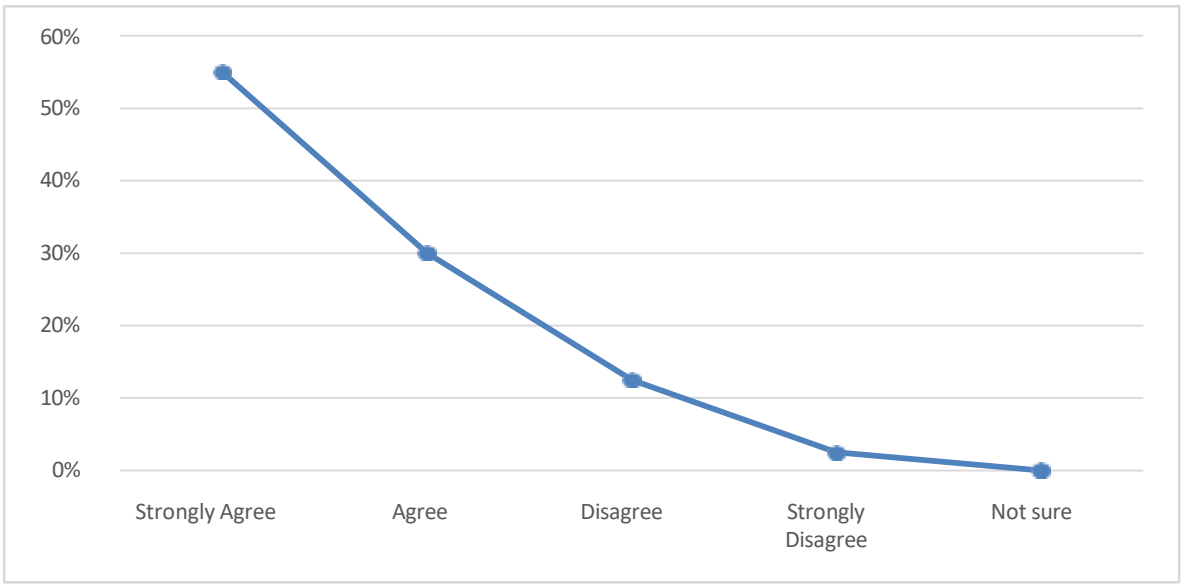

Figure 6: Showing whether Poverty in the household led to accepting material benefits in exchange for sex thus early pregnancy

The majority of the respondents, 22 (55%), strongly agreed that poverty in the household led to the acceptance of material benefits in exchange for sex, thus early pregnancy; 12 (30%) agreed that poverty in the household leads to early pregnancy; 5 (13%) disagreed that poverty in the household leads to early pregnancy; and 1 (3%) strongly disagreed that poverty in the household leads to early pregnancy.

Whether advancements in new technology have led to an increase in teenage pregnancy

The researcher sought to explore whether advancements in new technologies have led to an increase in early pregnancies among teenagers. Therefore, the researcher wanted to find out the different opinions of the respondents on this aspect (Figure 7).

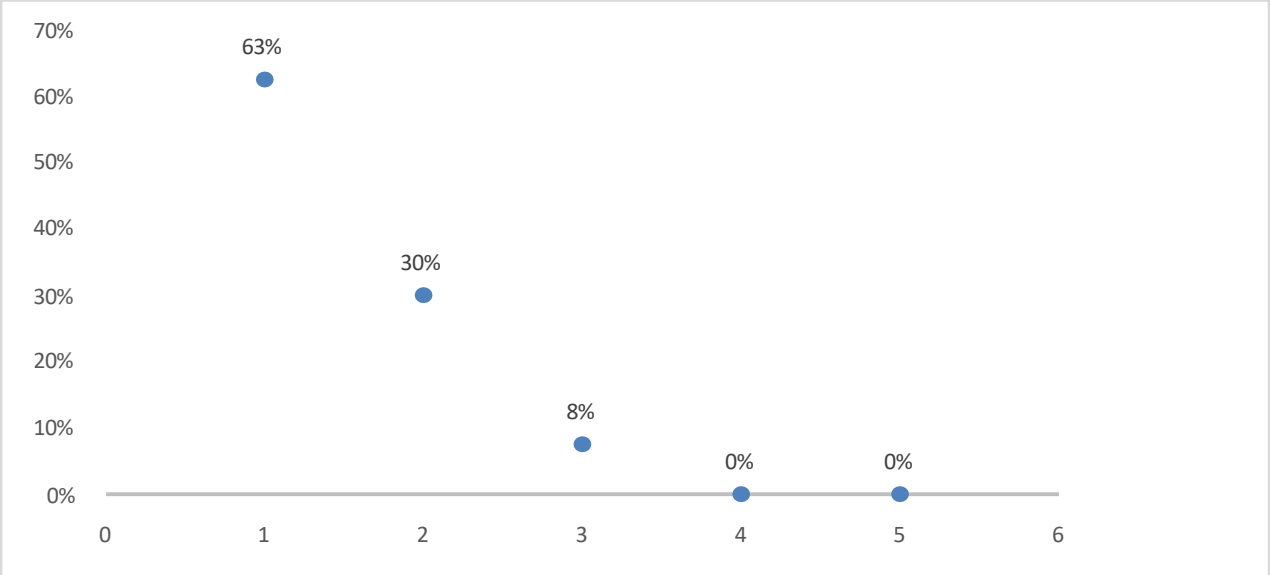

Figure 7: Showing whether advancement in new technologies has led to increase in early pregnancies among teenagers

The majority of the respondents 25 (63%) strongly agreed that new technologies have led to an increase in early pregnancies; 12 (30%) agreed that new technologies have led to an increase in early pregnancies; and 3 (8%) disagreed that new technologies have led to an increase in early pregnancies.

Whether barriers to the use of contraceptives by teenagers lead to teenage pregnancies

The researcher sought to explore whether the barrier to the use of contraceptives by teenagers has contributed to the increase in teenage pregnancies in Kiryandongo district (Figure 8).

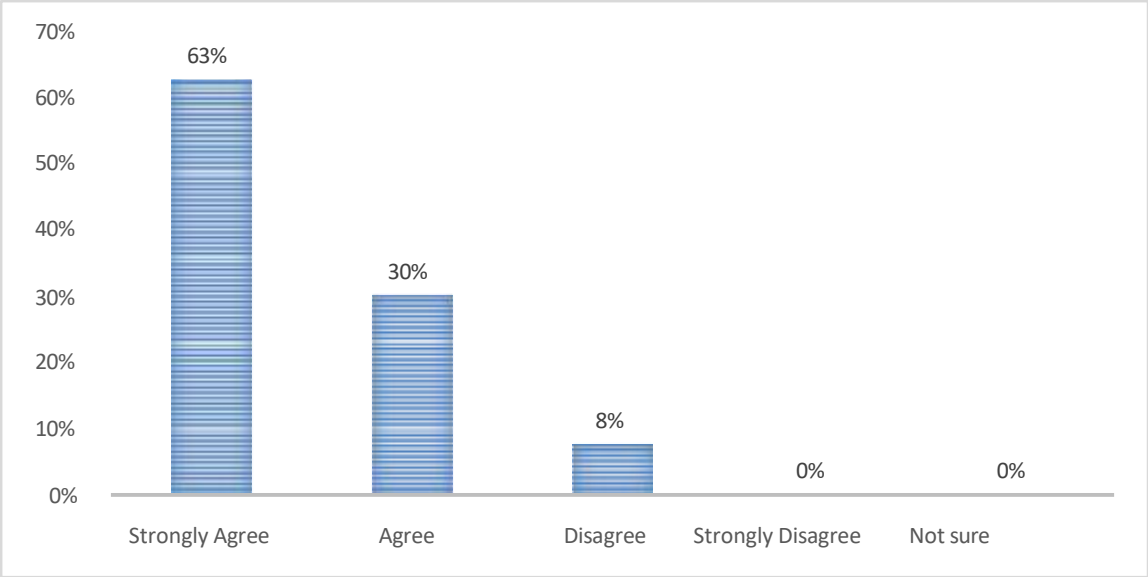

Figure 8: Showing whether the barrier to the use of contraceptives by teenagers leads to teenage pregnancies.

The majority of the respondents, 25 (63%), strongly agreed, 12 (30%) agreed, and only 3 (8%) disagreed that the barrier to the use of contraceptives by teenagers has contributed to the increase in teenage pregnancies in Kiryandongo district.

Health-Related Challenges Faced by Teenage Mothers

The researcher sought to explore the different health-related challenges faced by teenage mothers. Different teenagers faced different health-related challenges during pregnancy and after birth.

What are the health-related challenges faced by teenagers during and after birth?

During the study, I sought to explore the major health-related challenges faced by teenagers during and after birth in Kiryandongo District. The respondents were required to rank the challenges from ***5* to 1,** with ***5* being the** highest and **1 being the** lowest. The findings are indicated in table 3 below.

Table 3: Showing the Health-related challenges faced by the Respondents before and after birth.

Challenge	*5*	*4*	*3*	*2*	*1*
Lack of birth preparedness	15%	59%	20%	4%	2%
Lack of quality maternal health care	18%	60%	19%	3%	0%
Psychological abuse	10%	40%	30%	15%	5%
Physical abuse	15%	32%	30%	16%	7%

Over 78% of the respondents said a lack of quality maternal health care is a major challenge they are facing. However, over 74% of the respondents said lack of birth preparedness is a challenge they are facing; over 50% of the respondents said they are facing psychological abuse; and 47% were facing some kind of physical abuse during and after birth.

Child-birth-related complications faced by teenagers

The researcher sought to explore the child-birth-related complications faced by teenagers in Kiryandongo District. The respondents were required to answer **'yes'** for those who suffered a specific birth-related complication, **'no'** for those who

did not suffer a specific birth-related complication and „**NA** for not applicable. The respondents who had not yet given birth would answer that it was not applicable. The findings are indicated in Table 4 below.

Table 4: Showing the Child-birth Related Complications faced by teenagers in Kiryandongo District

Response	Yes	No	NA
Obstetric fistula	5%	40%	55%
Vesico-vaginal fistula	7.5%	37.5%	55%
Uterine prolapse	00%	45%	55%
Pre-term delivery	25%	20%	55%
Low birth weight	30%	15%	55%
Neonatal death	00%	45%	55%
External birth defects	7.5%	37.5%	55%

The study findings show that 2(5%) teenage mothers suffered from obstetric fistula after childbirth and this could have been due to the small size and physical weakness of the teenage mothers, 3(7.5%) suffered vesicovaginal fistula after childbirth which could have been due to obstructed labour, early marriages, poverty and women's control over the use of family resources while only 10(25%) gave birth to pre-term babies and 12(30%) had low birth weight, and only 3(7.5%) had external birth defects. The study findings show that teenage mothers had a high risk for several adverse birth outcomes similar to the national and international findings.

Objective 3: Social, Economic Lives of Teenage Mothers

It was important to explore the different socioeconomic lives that teenagers are currently living before and after the birth of a child.

Whether respondents informed their parents/guardians after getting pregnant

The first was to find out whether the respondents informed their parents/guardians after getting pregnant. Figure 10 below shows the responses of the respondents. The study findings show that 2 (5%) teenage mothers suffered from obstetric fistula after childbirth, and this could have been due to the small size and physical weakness of the teenage mothers; 3 (7.5%) suffered vesicovaginal fistula after childbirth, which could have been due to obstructed labour, early marriages, poverty, and women's control over the use of family resources; only 10 (25%) gave birth to pre-term babies; 12 (30%) had low birth weight; and only 3 (7.5%) had external birth defects. The study findings show that teenage mothers have a high risk for several adverse birth outcomes, similar to the national and international findings.

Objective 3: Social and Economic Lives of Teenage Mothers

It was important to explore the different social-economic lies that teenagers are currently living before and after the birth of a child. Whether the respondents informed their parents or guardians after getting pregnant. The first was to find out whether the respondents informed their parents or guardians after getting pregnant. Figure 10 below shows the responses of the respondents.

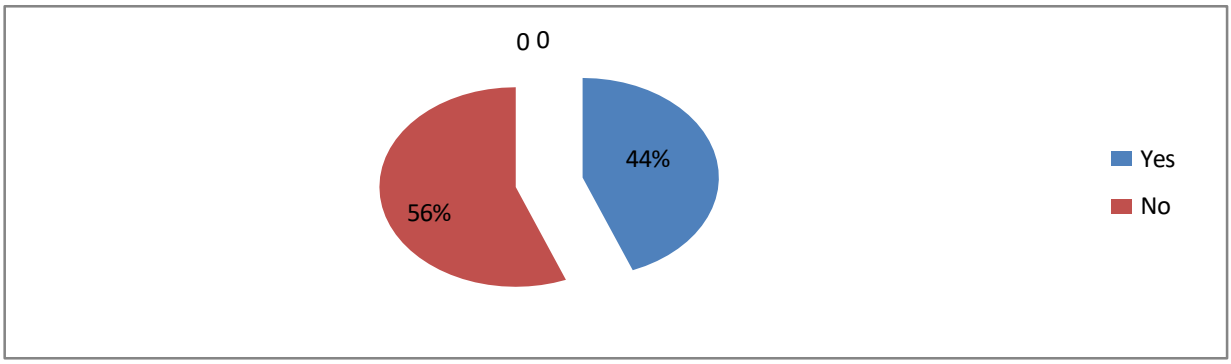

Figure 9: Showing whether respondents told their parents after getting pregnant

Majority of the respondents 28(56%) of the respondents revealed that they did not tell their parents when they got pregnant while the minority of the respondents 22(44%) revealed that they told their parents when they got pregnant.

Whether teenage mothers got married to the man who made them pregnant first. Secondly, I wanted to find out whether the teenage mothers got married to men who got them pregnant them first.

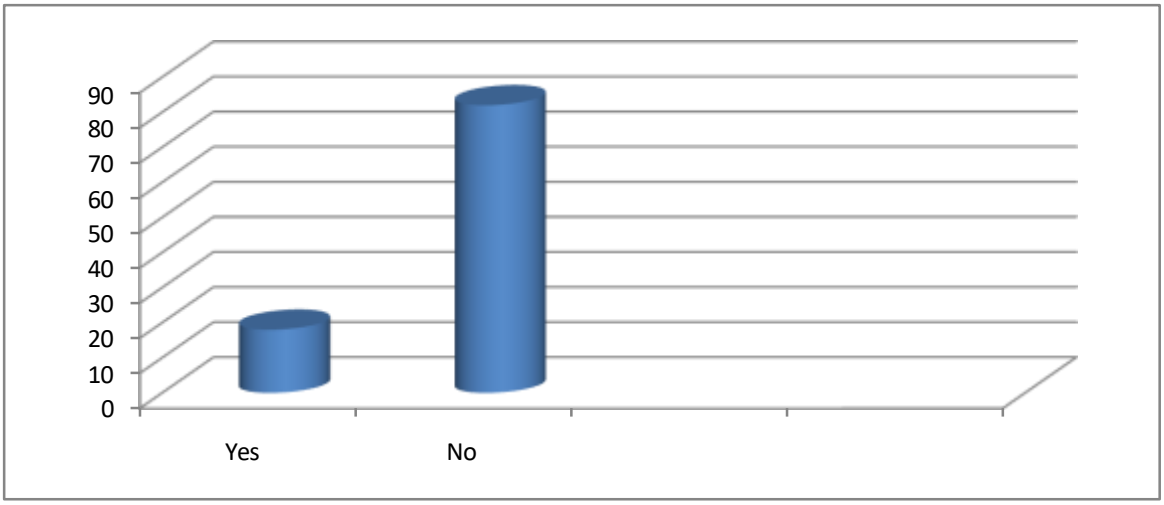

Figure 10: Showing whether teenage mothers got married to the man who made them pregnant first.

The majority of the respondents, 41 (82%), revealed that they never got married to the man who got them pregnant first, while 9 (18%) revealed that they got married to men who got them pregnant first.

Whether teenage mothers get financial support from their husbands

To explore the economic lives of teenagers, the researcher had to ask teenage mothers whether they get any financial support from their husbands.

Table 5: Showing whether teenage mothers get financial support from their husbands

Response	Frequency	Percentage
Yes	16	40
No	24	60
Total	**40**	**100**

The majority of the respondents, 24 (60%), revealed that they don't get any financial support from their husbands, while 16 (40%) revealed that they get financial support from their husbands.

Whether teenagers were able to continue with school after producing a child

The researcher also sought to explore whether teenagers were able to continue with school after producing a child. This is because some teenagers

normally drop out of school when they get pregnant at an early age. Their responses are indicated in the figure below.

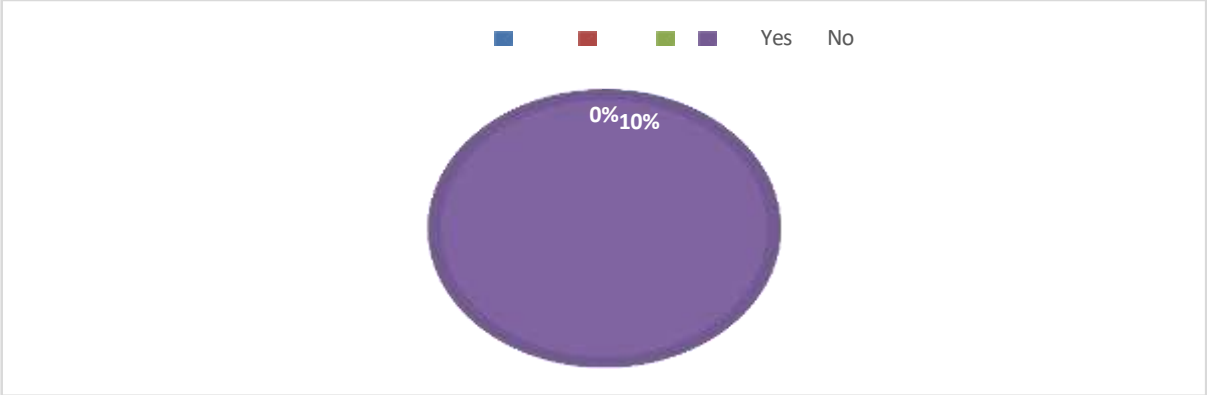

Figure 11: Showing whether teenagers were able to continue with school after producing a child.

More than half of the respondents (45%) revealed that they were not able to continue with school after they produced a child, and a minority of the respondents (5%) revealed that they were able to continue with school even after producing a child.

Whether the family was able to provide quality education after conception

The researcher sought to know whether the family was able to provide quality education after conception. This is because different families have different ways of handling teenagers when they get pregnant. Their responses are in the table below.

Table 6: Showing whether the family was able to provide quality education after conception

Response	Frequency	Percentage
Yes	13	32.5
No	27	67.5
Total	**40**	**100**

Only 27 (67.5%) of the respondents said that their family was unable to provide quality education after conception, while 13 (32.5%) revealed that they were supported to continue their education during and after birth.

Kind of house the respondent stayed in by the time of conception

The researcher also intended to know what kind of house the respondent lived in at the time of conception. This is because different pregnant teenagers experience different challenges in the kinds of houses they live in.

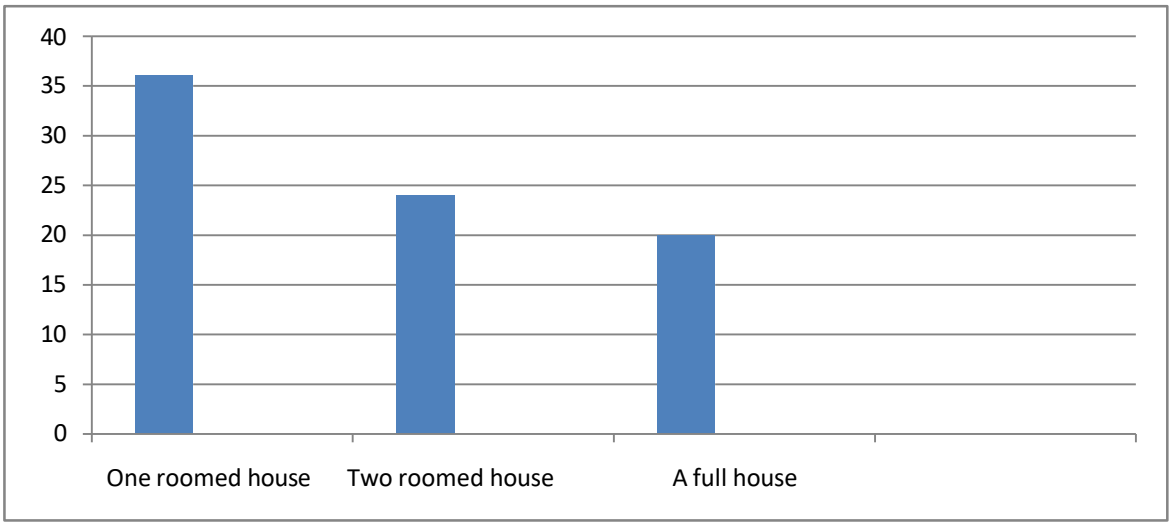

Figure 12: Showing the kind of house the respondent stayed in by the time of conception.

More than half of the respondents, 28 (36%), revealed that they lived in a one-room house by the time of conception; 12 (24%) lived in a two-room house by the time of conception; and a minority of respondents, 10 (20%), revealed that they lived in a full house by the time of conception.

Whether they have a regular source of income

The researcher sought to know whether the respondents have a regular source of income to be able to meet all their personal and family needs during and after birth. Their opinions are in the table below

Table 7: Showing whether the family was able to provide quality education after conception

Response	Frequency	Percentage
Yes	18	45
No	22	55
Total	**40**	**100**

Over 22 (55% of the respondents) said that they had no regular source of income to cater for their personal and family needs during and after birth, while 18 (45%) said that they had some regular source of income to cater for their personal and family needs during and after birth.

DISCUSSION

Causes of Early Pregnancy

The first objective of this study was to find out the causes of the increase in teenage pregnancies in the Kiryandongo District. The study findings show various causes of teenage pregnancies. According to the study, teenage pregnancies in Kiryandongo District are high among the less educated adolescents, this is in agreement with [21] who indicated that the pregnant girl's secondary and tertiary education may be limited. One of the leading causes of teenage pregnancies in Kiryandongo was early child marriages. Young girls are married off by parents at an early age for economic gains. These adolescents end up getting pregnant at an early age. Secondly, the study findings show that sex abuse among teenagers is another cause of teenage pregnancies in in Kiryandongo district. The third cause of teenage pregnancies according to the study findings was inadequate sex education. This implies that young girls do not get enough guidance either from teachers or parents on how to have protected sex as a way of avoiding early pregnancy. This is in line with the findings of [22] in his study of the causes of teenage pregnancy among the youth in Nigeria, who found out that Lack of parental guidance is another cause as most parents evade their children from talking about sex. In some cases, they provide false information regarding sex and discourage their children from indulging or participating in informative discussions about sex. From the study findings, the respondents also agreed that peer pressure leads to early sex activities by teenagers leading to early and unwanted pregnancies. This implies that young girls have not been fully

empowered to stand on their word and say no to unprotected sex which has increased the prevalence of early pregnancy. The results are consistent with the findings of [23] in his study of household standards of living and the prevalence of teenage pregnancy who found that lack of self-esteem and self-confidence leads teenagers to consent to unprotected sex. Most often, the young woman fears that she will be rejected by her partner if she refuses to have unprotected sex or insists that he uses a condom. Furthermore, the respondents agreed that poverty in the household led to acceptance of material benefits in exchange for sex which has forced teenagers into early sexual relationships and thus early pregnancy. This is one of the serious causes of teenage pregnancies in Kiryandongo District. The study findings also found that the adoption of new technologies by teenagers was one of the major causes of the increase in early pregnancies. This is because the adoption of different new technologies like TVs, computers, the internet, mobile phones and media have exposed teenagers to early sex activities. According to the study findings, the other cause of teenage pregnancies was the barrier to the use of contraceptives by teenagers. This has affected the uptake of contraceptives by teenagers who find themselves unable to control unwanted pregnancies. This is in agreement with existing literature which shows teenagers both nationally and internationally are confronted with similar challenges that are causing the recent increase in teenage pregnancies [24].

Health-Related Challenges Faced by Teenage Mothers

The second objective of the study was to find out the health-related challenges and childbirth-related complications faced by teenagers during and after birth in Kiryandongo District. For the health-related challenges, the study findings reveal that the majority of the respondents (78%) said that lack of quality maternal health care is the major health-related challenge they are facing. This is because the quality of health care in the country is still limited and teenage mothers do not receive specialized health care. Secondly, the study shows that teenage mothers face the challenge of lack of birth preparedness where most teenage mothers are often not well prepared for birth and this affects the delivery process and exposes them to various delivery complications. Third, the respondents said they are facing psychological abuse whereby due to the various social and economic challenges teenage mothers are faced with a lot of psychological touchers which affects the health of the child and the mother. Lastly, the study found that teenage mothers face physical abuse during and after birth. This comes from their spouses, parents and sometimes relatives. Some of the respondent agreed that they had suffered some kind of physical abuse from their spouses or parents and relatives. This is in line with the evidence from existing literature showing that teenage mothers are at a high risk of facing psychological and physical challenges [25].

For child-birth-related complications, the study findings show that teenagers in Kiryandongo District are more likely to get various complications during pregnancy and after birth. Some of the cases mentioned were obstetric fistula and vesicovaginal fistula after childbirth, birth to pre-term babies, low birth weight and external birth defects. This is in line with the findings of [25]who found out that teenage mothers are more likely to get complications during pregnancy such as pre-eclampsia, increase in blood pressure and early labour.

Teenage mothers are more likely to have a poor diet and that makes them less likely to gain the proper weight during their pregnancy, and because of poor nutrition, they are more likely to have anaemia and low bone-mineral content, which can lead to weak bones in later life. The study findings show some cases 2(5%) of teenage mothers suffered from obstetric fistula after childbirth and this could have been due to the small size and physical weakness of the teenage mothers. The study also shows three 3(7.5%) teenage mothers who suffered vesicovaginal fistula after childbirth. This could have been due to obstructed labour, early marriages, poverty and women's control over the use of family resources. The study also found cases of ten 10(25%) teenage mothers who gave birth to pre-term babies 12(30%) had low birth weight, and only 3(7.5%) had external birth defects. This shows that teenage mothers had a high risk for several adverse birth outcomes similar to the national and international findings.

Social, Economic Lives of Teenage Mothers

The third study objective was to find out the socio-economic lives of teenage mothers in Kiryandongo District. First of all, the study findings show that most of the respondents 28(56%) said that they did not tell their parents when they got pregnant. This shows that teenage mothers live in fear of their pregnancies in fear of denial or even physical and psychological abuse. Secondly, the study findings show that the majority of the respondents 41(82%) revealed that they never got married to the man who got them pregnant first. This shows that most teenage mothers are likely to be abandoned by their spouses after getting pregnant. This is in line with the findings of [26] who asserts that most teenage mothers do not end up in marriages with their spouses, most of them are forced to live as single mothers and to get married to multiple spouses. Third, the study also reveals that most teenage mothers don't get enough financial support from their husbands. [26], also asserts that young mothers are not satisfied with the help provided and for this

reason, some become resigned and passive towards their future. These teenage mothers end up in small and sometimes semi-permeant houses. This means that teenage mothers are likely to leave their homes and start new lives in 1 roomed rented house for survival. According to the study most respondents have lived in a one-roomed rented house since the time of conception. More than half of the respondents don't have a regular source of income to cater for their personal and family needs during and after birth. This shows that most teenage mothers are unemployed and therefore lack a regular source of income to facilitate their personal and family needs. This is in line with the findings of [27], who found out that adolescent motherhood is associated with adverse socio-economic conditions and poor earning opportunities for the adolescent mother.

CONCLUSION

The causes of early pregnancy included inadequate sex education, lack of self-esteem and self-confidence, poverty in the household and negative peer led to unprotected sex hence early pregnancy. Teenage mothers are faced with health-related challenges such as lack of birth preparedness, lack of proper health care, and psychological and physical abuse. They are also faced with child-birth-related complications such as obstetric vaginal fistula, vesicovaginal fistula and uterine prolapse after birth and birth to pre-term babies, low birth weight and external birth defects. The Socioeconomic lives of teenage mothers indicate that teenage mothers are at risk of dropping out of school, loose financial support from spouses and parents, living in denial, are more likely to be single mothers or have multiple relationships and are often unemployed with no regular source of income.

REFERENCES

1. Senia, J.M., Donnellan, M.B., & Neppl, T.K. (2018). Early pubertal timing and adult adjustment outcomes: Persistence, attenuation, or accentuation? J. Adolesc. 65, 85–94. https://doi.org/10.1016/j.adolescence.2018.03.003
2. Ngum Chi Watts, M.C., Liamputtong, P., & Mcmichael, C. (2015). Early motherhood: a qualitative study exploring the experiences of African Australian teenage mothers in greater Melbourne, Australia. BMC Public Health. 15, 873. https://doi.org/10.1186/s12889-015-2215-2
3. Anakpo, G., & Kollamparambil, U. (2019). Teen motherhood and women's later life outcomes: evidence from South Africa. Afr. Popul. Stud. 33. https://doi.org/10.11564/33-1-1379
4. Remedios, J.D., & Akhtar, M. (2019). Intersectional approaches to the study of confronting prejudice. In: Mallett, R.K. and Monteith, M.J. (eds.) Confronting Prejudice and Discrimination. pp. 179–200. Academic Press.
5. Chung, H.W., Kim, E.M., & Lee, J. E. (2018). Comprehensive understanding of risk and protective factors related to adolescent pregnancy in low- and middle-income countries: A systematic review. J. Adolesc. 69, 180–188. https://doi.org/10.1016/j.adolescence.2018.10.007
6. Yakubu, I., & Salisu, W.J. (2018). Determinants of adolescent pregnancy in sub-Saharan Africa: a systematic review. Reprod. Health. 15, 15. https://doi.org/10.1186/s12978-018-0460-4
7. Ochen, A.M., Chi, P.C., & Lawoko, S. (2019). Predictors of teenage pregnancy among girls aged 13–19 years in Uganda: a community-based case-control study. BMC Pregnancy Childbirth. 19, 211. https://doi.org/10.1186/s12884-019-2347-y
8. Worku, M.G., Tessema, Z.T., Teshale, A.B., Tesema, G.A., & Yeshaw, Y. (2021). Prevalence and associated factors of adolescent pregnancy (15–19 years) in East Africa: a multilevel analysis. BMC Pregnancy Childbirth. 21, 253. https://doi.org/10.1186/s12884-021-03713-9
9. Maharaj, N.R. (2022). Adolescent pregnancy in sub-Saharan Africa – a cause for concern. Front. Reprod. Health. 4, 984303. https://doi.org/10.3389/frph.2022.984303
10. Asmamaw, D.B., Tafere, T.Z., & Negash, W.D. (2023). Prevalence of teenage pregnancy and its associated factors in high fertility sub-Saharan Africa countries: a multilevel analysis. BMC Womens Health. 23, 23. https://doi.org/10.1186/s12905-023-02169-7
11. Kassa, G.M., Arowojolu, A.O., Odukogbe, A.A., & Yalew, A.W. (2018). Prevalence and determinants of adolescent pregnancy in Africa: a systematic review and Meta-analysis. Reprod. Health. 15, 1–17. https://doi.org/10.1186/s12978-018-0640-2
12. Amongin, D., Kaharuza, F., Hanson, C., Nakimuli, A., Mutesi, S., Benova, L., & Atuyambe, L. (2021). "I would have left that man long time ago but, …" exploring circumstances of and motivators for repeat adolescent birth in Eastern Uganda. Arch. Public Health. 79, 142. https://doi.org/10.1186/s13690-021-00662-9
13. Muwema, M., Kaye, D.K., Edwards, G., Nalwadda, G., Nangendo, J., Okiring, J., Mwanja, W., Ekong, E.N., Kalyango, J.N., & Nankabirwa, J.I. (2022). Perinatal care in Western Uganda:

Prevalence and factors associated with appropriate care among women attending three district hospitals. PLoS ONE. 17. https://doi.org/10.1371/journal.pone.0267015
14. Bukuluki, P., Kisaakye, P., Mwenyango, H., & Palattiyil, G. (2021). Adolescent sexual behaviour in a refugee setting in Uganda. Reprod. Health. 18, 131. https://doi.org/10.1186/s12978-021-01181-0
15. Adolescent development | UNICEF Uganda, https://www.unicef.org/uganda/what-we-do/adolescent-development
16. Uganda faces "epidemic" of teenage pregnancies during pandemic, https://www.aa.com.tr/en/africa/uganda-faces-epidemic-of-teenage-pregnancies-during-pandemic/2362524
17. Namukisa, M., Kamacooko, O., Lunkuse, J.F., Ruzagira, E., Price, M.A., & Mayanja, Y. (2023). Incidence of unintended pregnancy and associated factors among adolescent girls and young women at risk of HIV infection in Kampala, Uganda. Front. Reprod. Health. 5, 1089104. https://doi.org/10.3389/frph.2023.1089104
18. Moshi, F.V., & Tilisho, O. (2023). The magnitude of teenage pregnancy and its associated factors among teenagers in Dodoma Tanzania: a community-based analytical cross-sectional study. Reprod. Health. 20, 28. https://doi.org/10.1186/s12978-022-01554-z
19. Naghizadeh, S., & Mirghafourvand, M. (2022). Knowledge and attitudes of adolescent girls and their mothers about early pregnancy: a cross-sectional study. BMC Pregnancy Childbirth. 22, 205. https://doi.org/10.1186/s12884-022-04551-z
20. Bukhari, S.A. (2021). Sample Size Determination Using Krejcie and Morgan Table.
21. Baloyi, V., Kganakga, K., Madzhie, M., & Chueng, M. (2020). An exploration of the causes of student pregnancy and psychological stressors experienced by pregnant students at University of Venda, South Africa. Cogent Psychol. 7, 1863176. https://doi.org/10.1080/23311908.2020.1863176
22. Alukagberie, M.E., Elmusharaf, K., Ibrahim, N., & Poix, S. (2023). Factors associated with adolescent pregnancy and public health interventions to address in Nigeria: a scoping review. Reprod. Health. 20, 95. https://doi.org/10.1186/s12978-023-01629-5
23. Okot, C., Laker, F., Apio, P.O., Madraa, G., Kibone, W., Pebalo Pebolo, F., & Bongomin, F. (2023). Prevalence of Teenage Pregnancy and Associated Factors in Agago District, Uganda: A Community-Based Survey. Adolesc. Health Med. Ther. 14, 115–124. https://doi.org/10.2147/AHMT.S414275
24. Moyano, N., Granados, R., Durán, C.A., & Galarza, C. (2021). Self-Esteem, Attitudes toward Love, and Sexual Assertiveness among Pregnant Adolescents. Int. J. Environ. Res. Public. Health. 18, 1270. https://doi.org/10.3390/ijerph18031270
25. Mangeli, M., Rayyani, M., Cheraghi, M.A., & Tirgari, B. (2017). Exploring the Challenges of Adolescent Mothers from Their Life Experiences in the Transition to Motherhood: A Qualitative Study. J. Fam. Reprod. Health. 11, 165–173. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6045691/
26. Leerlooijer, J.N., Bos, A.E., Ruiter, R.A., van Reeuwijk, M.A., Rijsdijk, L.E., Nshakira, N., & Kok, G. (2013). Qualitative evaluation of the Teenage Mothers Project in Uganda: a community-based empowerment intervention for unmarried teenage mothers. BMC Public Health. 13, 816. https://doi.org/10.1186/1471-2458-13-816
27. Wall-Wieler, E., Roos, L.L., & Nickel, N.C. (2016). Teenage pregnancy: the impact of maternal adolescent childbearing and older sister's teenage pregnancy on a younger sister. BMC Pregnancy Childbirth. 16, 120. https://doi.org/10.1186/s12884-016-0911-2

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